

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 03/28/03.

I. DISPUTE

Whether there should be additional reimbursement for hospital admission for dates of service 04/04/02 through 04/09/02. Carrier denied charges as, "F-TR-Reimbursed in accordance with Texas Hospital Fee Guideline. M-TM-Services were reimbursed in accordance with the Carrier's fair and reasonable; cost data is unavailable for your facility at this time. Additional reimbursement may be considered upon receipt of this information. M-RD-The reimbursement for the service rendered has been determined to be fair and reasonable based on billing and payment research and is in accordance with Labor Code 413.011(B)."

II. RATIONALE

During the respondent's audit of the disputed services, the carrier improperly carved out the charges for the implantables, applied the per-diem (§134.401(c)(1)) and reimbursed the requestor a total of \$23,758.52. Per Rule 134.401 (c)(4)(A)(i) this action is allowed only when stop loss is not in effect with a total audited bill below \$40,000.00.

Audit reductions are made per Rule 133.1, 133.301 and 134.401. Per Rule 134.401 (c)(6)(v), "Audited charges are those charges which remain after a bill review by the insurance carrier has been performed."

According to Rule 134.401 (b)(2)(A) all hospitals are required to bill usual and customary. The requestor billed usual and customary. The carrier's audit (EOBs) and response failed to prove the requestor's charges were not their usual and customary. The respondent used SOAH decisions as their method for reimbursement. The Commission has determined that the referenced SOAH decisions are not consistent with Commission rules and the respondent incorrectly applied §413.011 despite the fact that a fee guideline exists for this inpatient admission. Consequently, without the appropriate audits per §133.301 and 134.401, the total of these disputed/audited charges exceed \$40,000.00.

According to Rule 134.401(c)(6), the services in dispute are to be reimbursed per the Stop-Loss Method. Stop-loss is an independent methodology established to ensure fair and reasonable compensation to the hospital for unusually costly services rendered during treatment to an injured worker. Rule 134.401(c)(6)(A)(i) states that to be eligible for stop-loss payment the total audited charges for a hospital admission must exceed \$40,000. The reimbursement for the entire audited admission shall be paid using a Stop-Loss Reimbursement Factor (SLRF) of 75%. The Stop-Loss Reimbursement Factor is multiplied by the total audited charges to determine the Workers Compensation Reimbursement Amount (WCRA) for the admission.

Response indicates insurance carrier only paid for 3 days of inpatient stay and does not sufficiently explain this reduction. Also, per the itemized statement charges for dates of service 04/02/02 and 04/03/02 are ineligible because they are not listed on the TWCC-60 table of disputed charges. Therefore, these two dates of service 04/02/02 (\$112.77) and 04/03/02 (\$1,841.75) will be deducted from the total charges billed and then stop-loss will be applied.

Rule 134.401(c)(6)(B) states the formula for calculating the appropriate reimbursement is:

Audited Charges x SLRF = WCRA.”

\$84,427.47	Total billed charges
<u>\$1,954.52</u>	total reductions for ineligible dates of service 04/02/02 and 04/03/02
\$82,472.95	Total audited charges
x <u>75%</u>	SLRA
61,854.71	Total recommended reimbursement (WCRA)
<u>-23,758.52</u>	Payments made
\$38,096.19	Additional reimbursement recommended

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to additional reimbursement for hospital admission of 04/04/02 through 04/09/02. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$38,096.19** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 23rd day of June 2004.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

R. L. Shipe, Director
Medical Review Division

RLS/mkb